

Task Force on Infectious Disease Preparedness and Response
APPROVED Meeting Minutes
Tuesday, April 13, 2021
1:00 p.m.

TEAMS Live Events Virtual Meeting

Agenda Item 1: Call to Order

The Task Force on Infectious Disease Preparedness and Response (IDTF) meeting was called to order at 1:01 p.m. by Commissioner John Hellerstedt, M.D. Dr. Hellerstedt welcomed everyone to the meeting of the Task Force on Infectious Disease Preparedness and Response.

Mr. John Chacón, Advisory Committee Coordination, Health and Human Services Commission (HHSC), conducted roll call and asked each task force member to briefly introduce themselves after they confirm attendance. He announced that the meeting was being conducted in accordance with the Texas Open Meetings Act and noted that a quorum was present for the meeting.

Table 1 notes Task Force member attendance.

Table 1: IDTF member attendance at the Tuesday, April 13, 2021 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Ogechika K. Alozie, M.D.		X	Steve McCraw		X
Toby Baker* - Michelle Havelka	X		Michael Morath		X
James Bass	X		Kristy Murray, D.V.M., Ph.D.		X
Christopher R. Frei, Pharm.D.	X		Major General Tracy Norris *Colonel Peter Caldwell	X	
Sheila Haley, Ph.D.	X		Patrick O'Daniel	X	
John Hellerstedt, M.D.	X		Dorothy Overman, M.D.	X	
Peter Hotez, M.D., Ph.D.	X		Daniel Owens	X	
Ruth R. Hughs* Teresa Farfan	X		Gerald Parker, D.V.M., Ph.D.		X
Harrison Keller *Ray Martinez	X		David Slayton		X
Nim Kidd	X		Victoria Sutton, Ph.D.	X	
Thomas Ksiazek, D.V.M., Ph.D.	X		Nancy Tanner	X	
David Lakey, M.D.	X		Surendra Kumar Varma, M.D.		X
Binh-Minh "Jade" Le, M.D.		X	Bobby Wilkinson	X	
James Le Duc, Ph.D.	X		Executive Commissioner Cecile Young	X	
Scott Lillibridge, M.D.	X		Edward E. Yosowitz, M.D.	X	
Tony Marquardt	X		The Honorable Ben Zeller	X	

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

P: Indicates phone conference call

* Other designated member was in attendance on behalf of Task Force Member.

Agenda Item 2: Approval of January 8, 2021 meeting minutes

Dr. John Hellerstedt called for a motion to review and approve the minutes of the January 8, 2021 meeting.

Motion:

Dr. David Lakey moved to approve the minutes from the January 8, 2021 meeting as presented. Dr. Edward Yosowitz seconded the motion. Mr. John Chacón conducted roll call vote and announced the Task Force members approved the minutes unanimously, with 19 approves, no disapproves, and no abstentions.

Agenda Item 3: COVID-19 Situation Update

Commissioner John Hellerstedt, M.D., Chair, provided a situational update on the COVID-19 pandemic and referenced a PowerPoint presentation entitled "COVID-19 Update". Highlights of the update and task force member discussion included:

- DSHS roles:
 - Designated by the Governor as the lead agency responding to the pandemic response in coordination with the Texas Department of Emergency Management
- DSHS "Keeping Texas Safe":
 - Call center
 - Texas Health Trace – used for disease investigation and contact tracing
 - COVID-19 vaccine – plays a central role in allocating and distributing the vaccines allotted for Texas
- DSHS supporting the healthcare infrastructure:
 - Distributed PPE and other medical equipment to the counties that needed it and provided medical surge staff where necessary
- Patterns in reported cases/deaths per day:
 - Case/fatalities first peaked in the summer (June-August)
 - Case/fatalities second higher peak in the winter (November-March)
- Trends in hospitalizations:
 - Keeping track of ICU beds due to scarcity
 - Wanted to increase the ICU bed capacity and were able to accomplish this through temporary medical surge staffing where needed
- Texas COVID-19 trends:
 - Logarithmic trends of cases, hospitalizations, and fatalities
- COVID-19 fatalities by race/ethnicity:
 - Disproportionately high burden on Hispanic population followed by white
- COVID-19 fatalities by age:
 - 80+ disproportionately high fatalities due to risk factors
 - Younger populations do not see as high fatalities or hospitalizations
- COVID-19 fatalities by gender:
 - Skew male
- Texas COVID-19 data tools:
 - Have won awards for the way we are handling and displaying data in Texas
- COVID-19 vaccine timeline:
 - Distribution started 12/14/20
 - Texas took as phased approach:
 - Phase 1a – healthcare workers
 - Phase 1b – long-term care facility populations/high-risk populations
 - Phase 1b + teachers/school staff
 - Phase 1c – ages 50-64
 - 3/29/21 opened eligibility to all individuals 16+
- Phased approach to vaccine eligibility:
 - Phase 1a + 1b = 13.5 million
 - Phase 1c = 5 million
- Research-based vaccine messages:
 - Key message: Vaccine is necessary to get back to normal
- Current vaccine communication efforts:

- Toll-free numbers to help individuals find vaccine and be routed to providers
 - Building vaccine confidence in vulnerable or distrustful populations
 - Addressing individuals with personal barriers preventing vaccination
- Building vaccine confidence:
 - Multiple strategies
- Accessing vaccines:
 - Toll-free numbers or 211 (option 6)
- Impact of vaccinations on hospitalization and fatalities:
 - After vaccination began, hospitalizations in 70+ and 50-69 age groups decreased quickly (just a few weeks)
 - New admissions into hospitals also decreased steeply for the 70+ and 50+
 - Now the 30-49 age group has the same proportion of new hospitalizations as 70+ age groups
 - Several weeks after vaccinations begin, you see a steep decline in fatalities in the 70-79 and 80+ age groups
 - Vaccination rates for the older age groups in Texas are high and we are seeing the direct effect of how vaccinations can protect the most vulnerable

Agenda Item 4: COVID-19 Legislative Update

Ms. Donna Sheppard, CFO, DSHS and Ms. Jordan Hill, Legislative Liaison, DSHS provided an update on COVID-19 related legislative and references PowerPoint presentation entitled "COVID-19 Legislative Update". Highlights of the update and task force member discussion included:

- Overview:
 - Where are we with the state bills and the federal funding that has been sent to Texas?
- Base budgets (as filed):
 - Currently at \$3.6 billion, but really \$5.6 billion, because of all of the additional federal funding for pandemic response
- Budget decisions:
 - Senate has passed a budget and it has gone to the House
 - House is voting at the end of the month to send over to the Senate
 - There will be conference committee discussions
 - The money from the American Rescue Plan is creating a lot of discussion around where money will be going
 - Implementation of newborn screening for spinal muscular atrophy (SMA) has been removed from the list because we have received funding and have already incorporated it into the Newborn Screening Panel
 - HIV medications and contracts impacted by a reduction in rebates
 - Requested \$83 million
 - Senate is giving \$35 million to at least cover the request for HIV medication
 - Rural Clinics – both chambers adopted in Article XI
 - Mobile Clinics – Both chambers adopted in Article XI
 - Contracts and fiscal management: 25 FTEs
 - Both chambers adopted in Article XI
 - Data Center Services
 - Adopted by the House/not by Senate
 - Health Registries
 - House/Senate adopted in Article XI
 - COVID-19 federal funds:
 - \$5.8 billion spent
 - \$5.2 billion for medical surge staffing

- Requests for supplies or medical needs go through emergency management, most of the money has gone to staffing but some has been for medical supplies like ventilators
 - Disease surveillance \$168 million
 - IT and contracts with universities to do disease investigation
 - Federal grants to support COVID-19 expenses
 - 23 grants equaling \$11 billion
- Filed legislation:
 - 7,000 bills filed, DSHS tracking 700, 153 relate to COVID-19
 - Themes of the bills:
 - Extent of emergency powers
 - Infectious disease reporting – incoming and outgoing data
 - Immunization administration
 - Public health follow-up
 - Infection control
 - Caregiver/clergy access
 - Funding for Infectious Disease Research Consortium
 - Immunization Registry
 - PPE stockpile
 - Pandemic planning
 - Review of pandemic response
 - SB 966 (Committee Substitute) by Kolkhorst
 - Relating to legislative oversight during a public health disaster or public health emergency, including the establishment of a legislative public health oversight board
 - Defines and provides clarity
 - Updates categories, including communicable disease, health conditions, chemical, biological, radiological, or electromagnetic exposure
 - Example of a situation that would fall under this scope is vaping medical issues
 - Renewal process for both disaster/emergency has been defined and clarified
 - The Legislature, if in session, or an oversight board, must renew both the disaster or emergency
 - If the board is unable to physically meet, the declaration remains in effect until they can meet
 - Voted unanimously out of the Senate
 - HB 3366 by Klick
 - Relates to authorizing the electronic transmission of certain communications related to the prevention of communicable diseases
 - SB 984 by Schwertner
 - Impacts the IDTF directly
 - Relates to public health disaster and emergency preparedness and response
 - Scope: data collection for Regional Advisory Council deidentified “healthcare data” to plan for and respond to public health disasters and communicable or infectious disease emergencies
 - PPE reserve
 - HB 1234 by Campos
 - Relates to the duties of the IDTF
 - Scope: specifically adds COVID-19 to the scope of the IDTF

- There are a few other bills that were just voted out of committee that may impact other aspects of COVID-19 response

Agenda Item 5: COVID-19 Vaccine Update

Dr. Saroj Rai, Ph.D., Resident Vaccinologist, DSHS, provided an update on the COVID-19 Vaccine and referenced a PowerPoint presentation entitled "COVID-19 Vaccine Update".

Highlights of the update and task force member discussion included:

- COVID-19 vaccine update:
 - Federal government had 6 contracts with manufacturers but there are only 5 that are of importance due to their status
 - Pfizer, Moderna, and Janssen & Janssen have all been granted emergency use authorization (EUA) from the FDA
 - AstraZeneca is a similar platform to Janssen & Janssen and will be filing for EUA in April
 - Novavax is a new platform and will be filling for EUA in April
 - Janssen & Janssen COVID-19 vaccine:
 - Currently has been authorized and used in two countries – U.S. and South Africa
 - 6 cases of unusual blood clots
 - Preliminary reports of anxiety-related events following vaccination
 - Manufacturing issues in the U.S. delaying vaccine supply
 - FDA/CDC currently reviewing data related to blood clots
 - FDA/CDC to meet April 14 to respond and discuss
 - Novavax COVID-19 vaccine:
 - Recombinant nanoparticle technology using proprietary saponin-based Matrix-M adjuvant
 - Producing the spike protein in insect cells
 - Stored under refrigerated temperatures
 - 2-dose regimen (21-day interval administration)
 - 89.3% vaccine efficacy in UK study
 - 48.6% vaccine efficacy in South African study
 - Cross-over study design – individuals that received the placebo during clinical trial can elect to receive vaccine
 - Phase 3 Clinical Study in U.S. and Mexico
 - Randomized placebo controlled enrolled 30,000 participants 18+
 - Enrollment completed
 - Cross over of placebo participants
 - Moderna updates:
 - Used in 26 countries
 - On March 31, 2021, the FDA approved the follow label updates for Moderna:
 - Two different vial presentations
 - 10-11 doses
 - 13-15 doses
 - Storage and handling improved
 - Vaccine vials to remain at room temp for longer period – 24 hours total, increased from 12 hours previously
 - Punctured vials are now usable for 12 hours, increased from 6 hours previously
 - These updates are a great improvement for mobile vaccinations and mass vaccination sites
 - Pfizer updates:
 - Phase 3 six-month follow-up:

- Of the 44,000 participants 16+, >12,000 participants have 6-month follow-up
- In U.S., Pfizer reported 91.3% vaccine efficacy observed against COVID-19 measured seven days through up to six months after the second dose
- Vaccine was 100% effective at preventing severe disease
- In South Africa among 800 participants, there were 9 cases of COVID-19 in the placebo arm
- Pfizer is proceeding to file with the FDA for their vaccine
- Updates to COVID-19 vaccine and South African variant:
 - Since the initial trials, there have been multiple trials for boosters and special populations, and pediatrics have been started and completed
 - Pfizer – 100% efficacy in South Africa from their clinical trials
 - Ongoing discussions around booster doses
 - Moderna – reduction in neutralizing titers against South African Variant (6x fold decrease)
 - Ongoing discussions around booster doses; started a small Phase 2 study for a booster for the South African variant
 - Janssen & Janssen – 57% efficacy against South African variant from clinical trials
 - Ongoing 2-dose series clinical trial study
 - AstraZeneca – 10.4% efficacy against South African variant from clinical trials
 - Plans to start trials for next-generation vaccines that will work against the variants
 - Novavax – 48.6% efficacy against South African variant from clinical trials
 - Initiated development of new constructs against emerging strains as a booster or combination bivalent vaccine
- COVID-19 vaccine special populations:
 - Pregnant women:
 - Pfizer has already started a study and enrolled individuals
 - Diverse populations across multiple countries
 - Enrolling women at 24-34 weeks gestation
 - Looking at safety of the infant up to 6 months post birth
 - Adolescent/pediatric studies:
 - Pfizer – ages 12-15 study completed
 - 1,131 in the vaccine group, 1,129 in placebo
 - Vaccine efficacy in this age group 100%
 - Has submitted the data to the FDA and is awaiting the response on their request to expand usage under EUA to include ages 12-15
 - Pfizer – Pediatric 6 months to 11 years
 - Have begun enrolling
 - Moderna
 - Updated their Phase 2/3 study to include ages 12-17, enrollment complete
 - Janssen & Janssen
 - Expansion of Phase 2a study to include 12-17
 - Looking at differing dosing regimens and schedules as well
 - AstraZeneca
 - Phase 2/3 study with ages 6-17, on hold

Agenda Item 6: COVID-19 Vaccination Distribution Plan Update

Ms. Imelda Garcia, Associate Commissioner, Laboratory and Infectious Disease Services, provided an update on the COVID-19 Vaccination Plan and referenced PowerPoint entitled "COVID-19 Vaccination Distribution Plan Update". Highlights of the update and task force member discussion included:

- Administration of COVID-19 vaccine will require a phased approach.
 - Still in the increasing slope of vaccine supply as more manufacturers come on board with EUA
- COVID-19 vaccine overall summary in Texas
 - 75+ and 65-74 age groups have high proportions of vaccinations of total population
 - 70% of seniors currently vaccinated
 - Doses administered by date and dose number
 - There is a lag in data reporting, but doses are being used in a timely manner
 - Percent of allocation by population
 - There are some counties that do not have any providers so there haven't been any doses allocated to them.
 - As the Expert Vaccine Advisory Panel (EVAP) allocates vaccines, there is variability week to week in the data because there are some counties that serve multiple counties due to the way hubs were designated.
 - Doses administered is important to track, including to whom and where vaccines are being administered
 - Tarrant county data has needed examination to ensure all data is being input into ImmTrac
 - Bell county was affected by the winter storm and took a while to recover and is still trying to catch up on reporting
 - Save Our Seniors maps
 - First doses administered as of the end of March before opening to full eligibility through 4/11/21 65+ and 75+
 - More and more counties are increasing vaccine coverage in seniors to 50% and higher – significant improvement all over the state
 - Age group 50-64 3/28/21 to 4/11/21
 - Significant increases in vaccine coverage of first doses
 - Age group 16-49 4/11/21
 - Will help to target messaging and efforts to increase coverage of this age group
 - Mandatory race/ethnicity reporting, effective 2/4/21
 - 12/14/20 up to 53% vaccine data in ImmTrac missing race/ethnicity data
 - 2/3/21 change to ImmTrac to requires race/ethnicity data, up to 45.70% missing race/ethnicity data
 - 2/28/21 4.50% vaccine data missing race/ethnicity data
 - Cumulatively, 12.4% data is missing race/ethnicity data
 - 12/14-2/3 race/ethnicity data 46% "Unknown"
 - 2/4-4/11 race/ethnicity data 3% "Unknown"
 - 43% White
 - 31% Hispanic
 - 8% Black
 - 7% Asian
 - 8% Other
 - Vaccine race/ethnicity data compared to total Texas population

- Still improvements need to be made but the data tracks pretty well to the make-up
 - Need to work with the Black population to increase 8% vaccination to match the 12% proportion of Texas population they make up
- COVID-19 Vaccine – Texas Allocation Summary
 - First doses 9.5 million
 - Second doses 6.4 million
 - Number of counties with vaccines allocation 237 out of 254
- COVID-19 vaccine allocation, week 19 map
 - Federal government is allocating doses to entities they are partnering with
 - Federal Retail Pharmacy Program
 - Ramping up and pushing more vaccine to them
 - CVS, Walgreens, Walmart, HEB, etc.
 - Federally Qualified Health Centers
 - Receiving vaccine from direct federal allocations via Health Resources & Services Administration and CDC partnership
 - Federal partnerships with dialysis organizations
 - Allocations to cover patients at dialysis centers

Agenda Item 7: Public Comment

John Chacon, Associate Director, Advisory Committee Coordination Office, Facilitator, stated that there were no registrations for public comment and no requests for public comment were received during the meeting.

Agenda Item 8: Planning and Discussion of Future Meeting Topics

Commissioner John Hellerstedt, M.D., Chair, led the discussion and asked task force members to provide future meeting dates and topics. Highlights of member discussion included:

- Timing – late June to early July
- Topics:
 - Legislative session
 - Younger populations
 - Herd Immunity
 - How IDTF can help DSHS and Texas communities
 - Four major aspects:
 - Behavior – masking, distancing, hygiene
 - Natural immunity – how widespread and how long it lasts
 - Vaccines results
 - Genetic variants

Agenda Item 9: Adjournment

Commissioner John Hellerstedt, M.D., Chair, adjourned the meeting at 3:37 p.m.

Below is the link to the archived video of the April 13, 2021 Task Force on Infectious Disease Preparedness and Response that will be available for viewing approx. two years from date of meeting posted on the website and in accordance to the HHS records retention schedule.

[Task Force on Infectious Disease Preparedness and Response Meeting Agenda](#)